FROM THE DESK OF.....

Senator Gary Forby

TO: **Chicago Justice Department**

FROM: **Senator Gary Forby**

RE: **Request for witness slips HB 5154**

PAGES: 29

Office of Senator Gary Forby
417 Capitol Building
Springfield, IL 62706

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4/21/10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Kareem Kenyatta

Firm/Business/Agency Office of the Attorney General

Address _____ City _____ State ____ Zip ____

Title _____

II. REPRESENTATION (*This section to filled if the witness is appearing on behalf of any group, organization or other entity.*)

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (*Check appropriate box*)

Original Bill _____	❑ **Proponent**	☒ **Opponent**	❑ **No Position on Merits**
Amendment(s) # _____	❑ **Proponent**	❑ **Opponent**	❑ **No Position on Merits**
Conference Committee Report # _____	❑ **Proponent**	❑ **Opponent**	❑ **No Position on Merits**

IV. TESTIMONY (*Check appropriate box*)

❑ Oral ❑ Written Statement Filed ☒ Record of Appearance Only

Signature _____

HB5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4/21

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Josh Sharp

Firm/Business/Agency Illinois Press Association

Address _____ City _____ State _____ Zip _____

Title Assistant Director of Government Relations

II. REPRESENTATION *(This section to filled if the witness is appearing on behalf of any group, organization or other entity.)*

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION *(Check appropriate box)*

Original Bill _____	❑ **Proponent**	☑ **Opponent**	❑ **No Position on Merits**
Amendment(s) # _____	❑ **Proponent**	☑ **Opponent**	❑ **No Position on Merits**
Conference Committee Report # _____	❑ **Proponent**	❑ **Opponent**	❑ **No Position on Merits**

IV. TESTIMONY *(Check appropriate box)*

❑ Oral ❑ Written Statement Filed ☑ Record of Appearance Only

Signature _____

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE LABOR DATE 4-21-10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Mary Dixon

Firm/Business/Agency ACLU of Illinois

Address 180 N. Michigan Ave #2300 City Chicago State IL Zip 60601

Title Legislative Director

II. REPRESENTATION (*This section to filled if the witness is appearing on behalf of any group, organization or other entity.*)

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (*Check appropriate box*)

Original Bill _____	☐ **Proponent**	☒ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY (*Check appropriate box*)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature Mary Dixon

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4-21-10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Melissa Hahn

Firm/Business/Agency Illinois News Broadcasters Association

Address _____ City _____ State _____ Zip _____

Title _____

II. REPRESENTATION *(This section to filled if the witness is appearing on behalf of any group, organization or other entity.)*

Name of person(s), group(s), firm(s) represented in this appearance _____

_____

III. POSITION *(Check appropriate box)*

Original Bill _____	❑ **Proponent**	☒ **Opponent**	❑ **No Position on Merits**
Amendment(s) # _____	❑ **Proponent**	☒ **Opponent**	❑ **No Position on Merits**
Conference Committee Report # _____	❑ **Proponent**	❑ **Opponent**	❑ **No Position on Merits**

IV. TESTIMONY *(Check appropriate box)*

❑ Oral ❑ Written Statement Filed ☒ Record of Appearance Only

(4)

Signature Melissa Hahn Moseley

HB5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4/22

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Dennis Lyle

Firm/Business/Agency Illinois Broadcasters Association

Address _____ City _____ State _____ Zip _____

Title Executive Director

II. REPRESENTATION *(This section to filled if the witness is appearing on behalf of any group, organization or other entity.)*

Name of person(s), group(s), firm(s) represented in this appearance _____

_____

III. POSITION *(Check appropriate box)*

Original Bill _____	❑ **Proponent**	☑ **Opponent**	❑ **No Position on Merits**
Amendment(s) # _____	❑ **Proponent**	❑ **Opponent**	❑ **No Position on Merits**
Conference Committee Report # _____	❑ **Proponent**	❑ **Opponent**	❑ **No Position on Merits**

IV. TESTIMONY *(Check appropriate box)*

❑ Oral ❑ Written Statement Filed ☑ Record of Appearance Only

Signature D. Lyle

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4/21

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Cynthia Riseman

Firm/Business/~~Agency~~ Illinois State Board of Education

Address 100 N First City Spfld State IL Zip 62764

Title Liaison

II. REPRESENTATION *(This section to filled if the witness is appearing on behalf of any group, organization or other entity.)*

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION *(Check appropriate box)*

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY *(Check appropriate box)*

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature Cynthia Riseman

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4/21/2010

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Steven Quigley

Firm/Business/Agency Will County Governmental League

Address _____ City _____ State _____ Zip _____

Title Executive Director

II. REPRESENTATION (*This section to filled if the witness is appearing on behalf of any group, organization or other entity.*)

Name of person(s), group(s), firm(s) represented in this appearance

Will County Governmental League

III. POSITION (*Check appropriate box*)

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY (*Check appropriate box*)

☐ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

Signature _____

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4-21-2010

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name _____ Sharon Teefey, Legislative Director

Firm/Business/Agency _____ Illinois Federation of Teachers

Address _____ 700 S. College St.

Title _____ Springfield, IL 62704

_____

_____

_____ State _____ Zip _____

II. REPRESENTATION *(This section to filled if the witness is appearing on behalf of any group, organization or other entity.)*

Name of person(s), group(s), firm(s) represented in this appearance IFT

_____

III. POSITION *(Check appropriate box)*

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY *(Check appropriate box)*

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature Sharon Teefey

RECORD OF COMMITTEE WITNESS

STATE SENATE

HB 5154

BILL OR RESOLUTION NUMBER

COMMITTEE Labor DATE _____

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Mark Donahue

Firm/Business/Agency _____

Address _____ City _____ State ____ Zip _____

Title President

II. REPRESENTATION *(This section to filled if the witness is appearing on behalf of any group, organization or other entity.)*

Name of person(s), group(s), firm(s) represented in this appearance

FOP Lodge # 7 (Chicago)

III. POSITION *(Check appropriate box)*

Original Bill _____	❑ **Proponent**	❑ **Opponent**	❑ **No Position on Merits**
Amendment(s) # 1	☑ **Proponent**	❑ **Opponent**	❑ **No Position on Merits**
Conference Committee Report # _____	❑ **Proponent**	❑ **Opponent**	❑ **No Position on Merits**

IV. TESTIMONY *(Check appropriate box)*

❑ Oral ❑ Written Statement Filed ☑ Record of Appearance Only

Signature M. Donahue

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4/21/10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Daniel J Nelson

Firm/Business/Agency _____

Address _____ City _____ State _____ Zip _____

Title Dir. Govt Affairs

II. REPRESENTATION *(This section to filled if the witness is appearing on behalf of any group, organization or other entity.)*

Name of person(s), group(s), firm(s) represented in this appearance

IL Fraternal Order of Police

III. POSITION *(Check appropriate box)*

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # 1	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY *(Check appropriate box)*

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature _____

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4/21/10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Traci Cobb Evans

Firm/Business/Agency Chicago Teachers Union

Address 222 Merchandise Mart City Chicago State IL Zip 60654

Title Legislative Issues Coordinator

II. REPRESENTATION *(This section to filled if the witness is appearing on behalf of any group, organization or other entity.)*

Name of person(s), group(s), firm(s) represented in this appearance

Chicago Teachers Union

III. POSITION *(Check appropriate box)*

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY *(Check appropriate box)*

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature Traci Cobb Evans

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4-21-10

OTHER *(Subject matter)* Personnel Records Evaluations

I. IDENTIFICATION

Name Janette Weatherall

Firm/Business/Agency IEA

Address 400 E. Edwards City Springfield State IL Zip 62701

Title Lobbyist

II. REPRESENTATION *(This section to filled if the witness is appearing on behalf of any group, organization or other entity.)*

Name of person(s), group(s), firm(s) represented in this appearance IEA

III. POSITION *(Check appropriate box)*

Original Bill	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) #	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report #	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY *(Check appropriate box)*

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature Janette Weatherall

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4/21/2010

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Loretta Durbin
Firm/Business/Agency Government Affairs Specialists, Inc.
Address 217 E Monroe, Suite 204
Springfield, IL 62701
Title Vice President

_____ State _____ Zip _____

II. REPRESENTATION *(This section to filled if the witness is appearing on behalf of any group, organization or other entity.)*

Name of person(s), group(s), firm(s) represented in this appearance

Eastern Illinois University

III. POSITION *(Check appropriate box)*

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY *(Check appropriate box)*

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature Loretta Durbin

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4/21/2010

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Alice E. Phillips

Firm/Business/Agency Government Affairs Specialists, Inc.

Address 217 E Monroe, Suite 204

Springfield, IL 62701

Title President

II. REPRESENTATION (*This section to filled if the witness is appearing on behalf of any group, organization or other entity.*)

Name of person(s), group(s), firm(s) represented in this appearance

Eastern Illinois University

III. POSITION (*Check appropriate box*)

Original Bill	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) #	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report #	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY (*Check appropriate box*)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature Alice E. Phillips

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE LABOR DATE 4-21-10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name WILLIAM PERKINS

Firm/Business/Agency SEIU ILLINOIS COUNCIL

Address _____ City _____ State _____ Zip _____

Title LEGISLATIVE DIRECTOR

II. REPRESENTATION (*This section to filled if the witness is appearing on behalf of any group, organization or other entity.*)

Name of person(s), group(s), firm(s) represented in this appearance _____

_____

III. POSITION (*Check appropriate box*)

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY (*Check appropriate box*)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

10

Signature William C. Perkins

HB5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 5/21/10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Deirdre Darnall

Firm/Business/Agency Laborers' Int'l Union, Midwest Region

Address _____ City _____ State _____ Zip _____

Title Assist. Director of Governmental Affairs

II. REPRESENTATION *(This section to filled if the witness is appearing on behalf of any group, organization or other entity.)*

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION *(Check appropriate box)*

Original Bill _____	☑ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY *(Check appropriate box)*

☐ Oral ☐ Written Statement Filed ☑ Record of Appearance Only

Signature Deirdre Darnall

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4-21-10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Joe McG

Firm/Business/Agency IML

Address _____ City _____ State _____ Zip _____

Title _____

II. REPRESENTATION (*This section to filled if the witness is appearing on behalf of any group, organization or other entity.*)

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (*Check appropriate box*)

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY (*Check appropriate box*)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature Joe G. McG

HB 5154
BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE SLBR DATE 4/21/10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Deanna Sullivan
Firm/Business/A 2921 Baker Drive
Address Springfield, IL 62703
Title IL Statewide School Management Alliance

_____
_____
City _____ State _____ Zip _____

II. REPRESENTATION *(This section to filled if the witness is appearing on behalf of any group, organization or other entity.)*

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION *(Check appropriate box)*

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY *(Check appropriate box)*

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature D Sullivan

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4/21/10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Michael Ciaccio

Firm/Business/Agency _____

Address _____ City _____ State _____ Zip _____

Title Political Director

II. REPRESENTATION (*This section to filled if the witness is appearing on behalf of any group, organization or other entity.*)

Name of person(s), group(s), firm(s) represented in this appearance

Teamsters Joint Council 25

III. POSITION (*Check appropriate box*)

Original Bill _____	☑ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY (*Check appropriate box*)

☐ Oral ☐ Written Statement Filed ☑ Record of Appearance Only

Signature _____

HB 3154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE LABOR DATE 4/21/10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name TEG VIGNOS

Firm/Business/Agency _____

Address _____ City _____ State _____ Zip _____

Title _____

II. REPRESENTATION (*This section to filled if the witness is appearing on behalf of any group, organization or other entity.*)

Name of person(s), group(s), firm(s) represented in this appearance

LEND - SCORE

III. POSITION (*Check appropriate box*)

Original Bill _____	☑ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY (*Check appropriate box*)

☐ Oral ☐ Written Statement Filed ☑ Record of Appearance Only

Signature _____

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE labor DATE 4/21/10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Erika Lindley

Firm/Business/Agency _____

Address _____ City _____ State _____ Zip _____

Title _____

II. REPRESENTATION (*This section to filled if the witness is appearing on behalf of any group, organization or other entity.*)

Name of person(s), group(s), firm(s) represented in this appearance ED-RED

III. POSITION (*Check appropriate box*)

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY (*Check appropriate box*)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature _____

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE LABOR DATE 4/21/10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name DIANE RUTHCOCE

Firm/Business/Agency _____

Address _____ City _____ State _____ Zip _____

Title _____

II. REPRESENTATION (*This section to filled if the witness is appearing on behalf of any group, organization or other entity.*)

Name of person(s), group(s), firm(s) represented in this appearance LUDA

III. POSITION (*Check appropriate box*)

Original Bill _____	☑ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY (*Check appropriate box*)

☐ Oral ☐ Written Statement Filed ☑ Record of Appearance Only

Signature _____

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4/22/2010

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Loretta Durbin
Firm/Business/Agency Government Affairs Specialists, Inc.
Address 217 E Monroe, Suite 204
Springfield, IL 62701
Title Vice President

II. REPRESENTATION (*This section to filled if the witness is appearing on behalf of any group, organization or other entity.*)

Name of person(s), group(s), firm(s) represented in this appearance
City of Naperville

III. POSITION (*Check appropriate box*)

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY (*Check appropriate box*)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature Loretta Durbin

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4/22/2010

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Alice E. Phillips
Firm/Business/Agency Government Affairs Specialists, Inc.
Address 217 E Monroe, Suite 204
Springfield, IL 62701
Title President

II. REPRESENTATION (*This section to filled if the witness is appearing on behalf of any group, organization or other entity.*)

Name of person(s), group(s), firm(s) represented in this appearance City of Naperville

III. POSITION (*Check appropriate box*)

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY (*Check appropriate box*)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature Alice Phillips

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4-22-10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name _____
Firm/Business/Agency _____
Address _____
Title _____

Sharon Teefey, Legislative Director
Illinois Federation of Teachers
700 S. College St.
Springfield, IL 62704

_____
_____
_____ State _____ Zip _____

II. REPRESENTATION *(This section to filled if the witness is appearing on behalf of any group, organization or other entity.)*

Name of person(s), group(s), firm(s) represented in this appearance _____

_____

III. POSITION *(Check appropriate box)*

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY *(Check appropriate box)*

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature Sharon Teefey

HB 5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4/20/10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Joanna Webb-Gauvin

Firm/Business/Agency AFSCME

Address 615 S. 2nd St City Spfld State IL Zip 62705

Title Legislative Director

II. REPRESENTATION *(This section to filled if the witness is appearing on behalf of any group, organization or other entity.)*

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION *(Check appropriate box)*

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY *(Check appropriate box)*

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature _____

HB5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Labor DATE 4/22/10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name Peter Baroni

Firm/Business/Agency CBD Consult.

Address _____ City _____ State _____ Zip _____

Title _____

II. REPRESENTATION (*This section to filled if the witness is appearing on behalf of any group, organization or other entity.*)

Name of person(s), group(s), firm(s) represented in this appearance

FOP Labor Council

III. POSITION (*Check appropriate box*)

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY (*Check appropriate box*)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature _____

HB5154

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE LABOR DATE 4/22/10

OTHER *(Subject matter)* _____

I. IDENTIFICATION

Name WILLIAM PERKINS

Firm/Business/Agency SEIU ILLINOIS COUNCIL

Address _____ City _____ State _____ Zip _____

Title LEGISLATIVE DIRECTOR

II. REPRESENTATION (*This section to filled if the witness is appearing on behalf of any group, organization or other entity.*)

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (*Check appropriate box*)

Original Bill _____	☒ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Amendment(s) # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**
Conference Committee Report # _____	☐ **Proponent**	☐ **Opponent**	☐ **No Position on Merits**

IV. TESTIMONY (*Check appropriate box*)

☐ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

Signature William C. Perkins